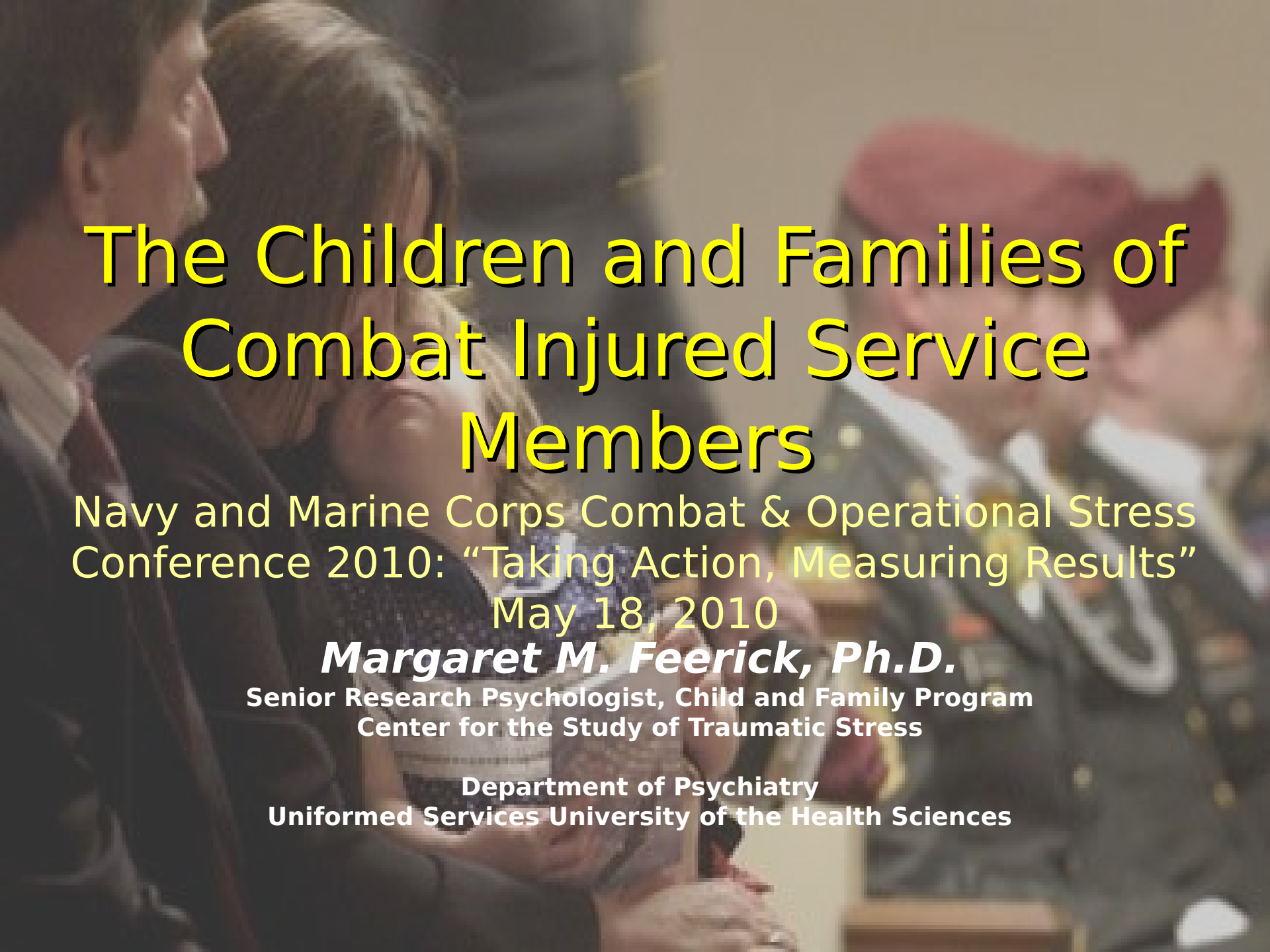

The Children and Families of Combat Injured Service Members

Navy and Marine Corps Combat & Operational Stress Conference 2010: “Taking Action, Measuring Results”
May 18, 2010

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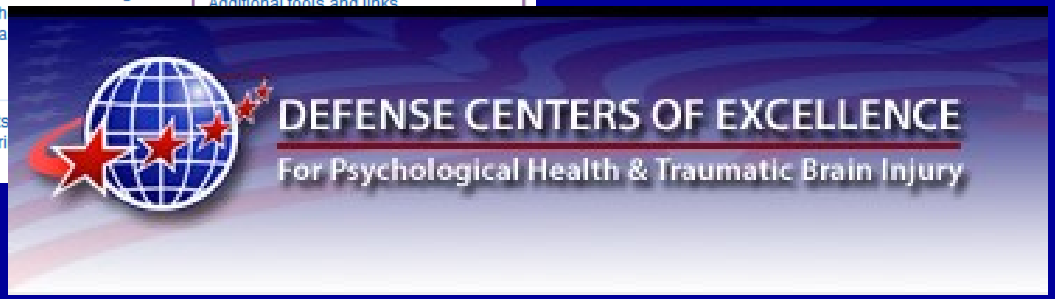
Center for the Study of Traumatic Stress

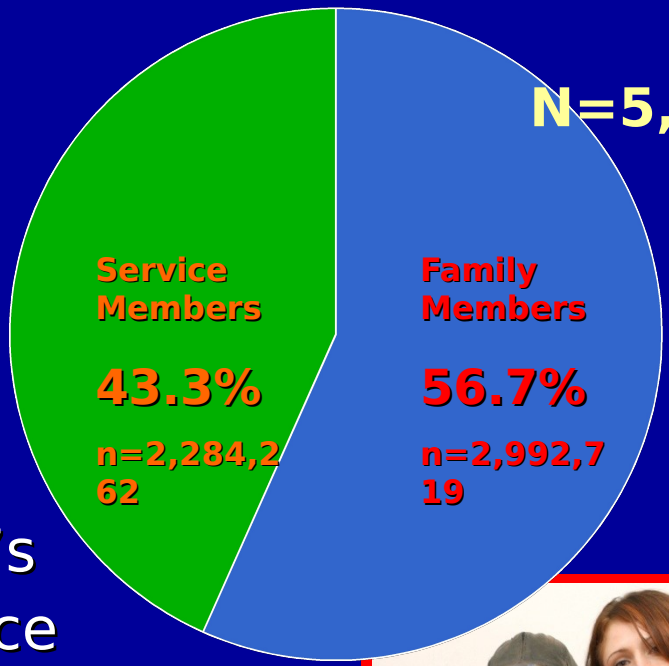
NCTSN
The National Child Traumatic Stress Network
Home
CTS Intro
Trauma Types
Resources
En Español
About Us
Products
Search
Welcome to NCTSN.org
The mission of the National Child Traumatic Stress Network is to raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States.
Are you in crisis?
Does someone you know need help?
Click here
Child Traumatic Stress (CTS) Introduction
What causes child traumatic stress? How does it affect a child? What can be done about it?
For Parents and Caregivers
available.
Military Children and Families
Care of our nation's military children helps sustain our fighting force. Gathered here are resources about
for caregivers, service providers, and
For Educators
What are the effects of trauma on schools and learning?
do to help? How can they respond to a
For the Media
press releases, and find tips for
Public Awareness
National Preparedness Month (September 2008)
September 11 Anniversary
It's hurricane season!
Be prepared
Tips for parents and teachers to aid children's recovery

www.nctsn.org



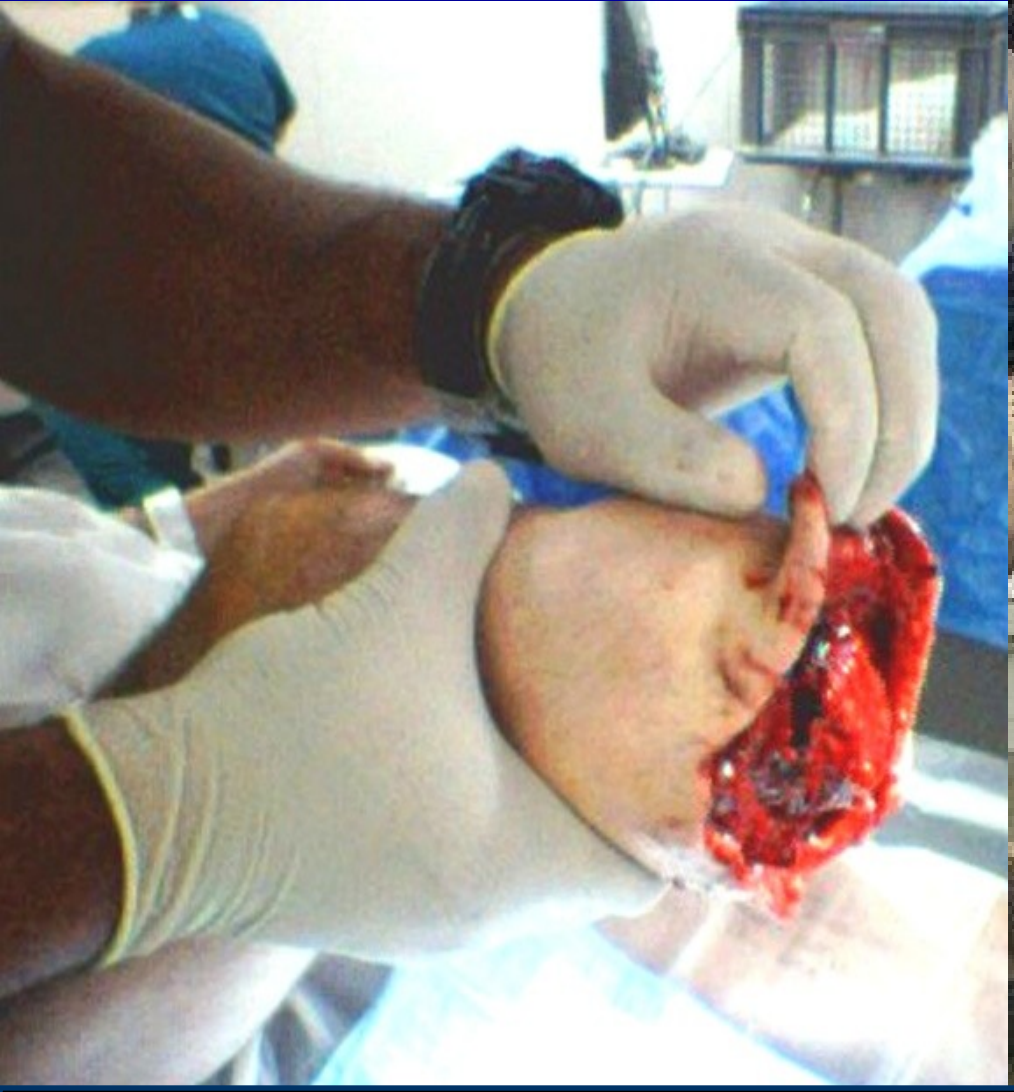
www.dcoe.health.mil

Our Military Community



- Large military dependent population
- 44% military members have children
- Military children are our nation's children, a national resource
- Military children are our future
- Active, Reserve and National Guard components

1st Quadrennial Quality of Life Review
DoD, 2004



Impact of Combat Injuries

Impact of Parental Combat Injury on Children & Families

- Wars in Iraq and Afghanistan have produced an estimated 20,000 children of America's military force who have a parent with a combat related injury (not including PTSD or milder forms of TBI)
- The most common forms of impairment are PTSD, TBI, and depression (30% of returning vets)
- 15% of returning veterans have a mild TBI with loss of consciousness or altered mental status

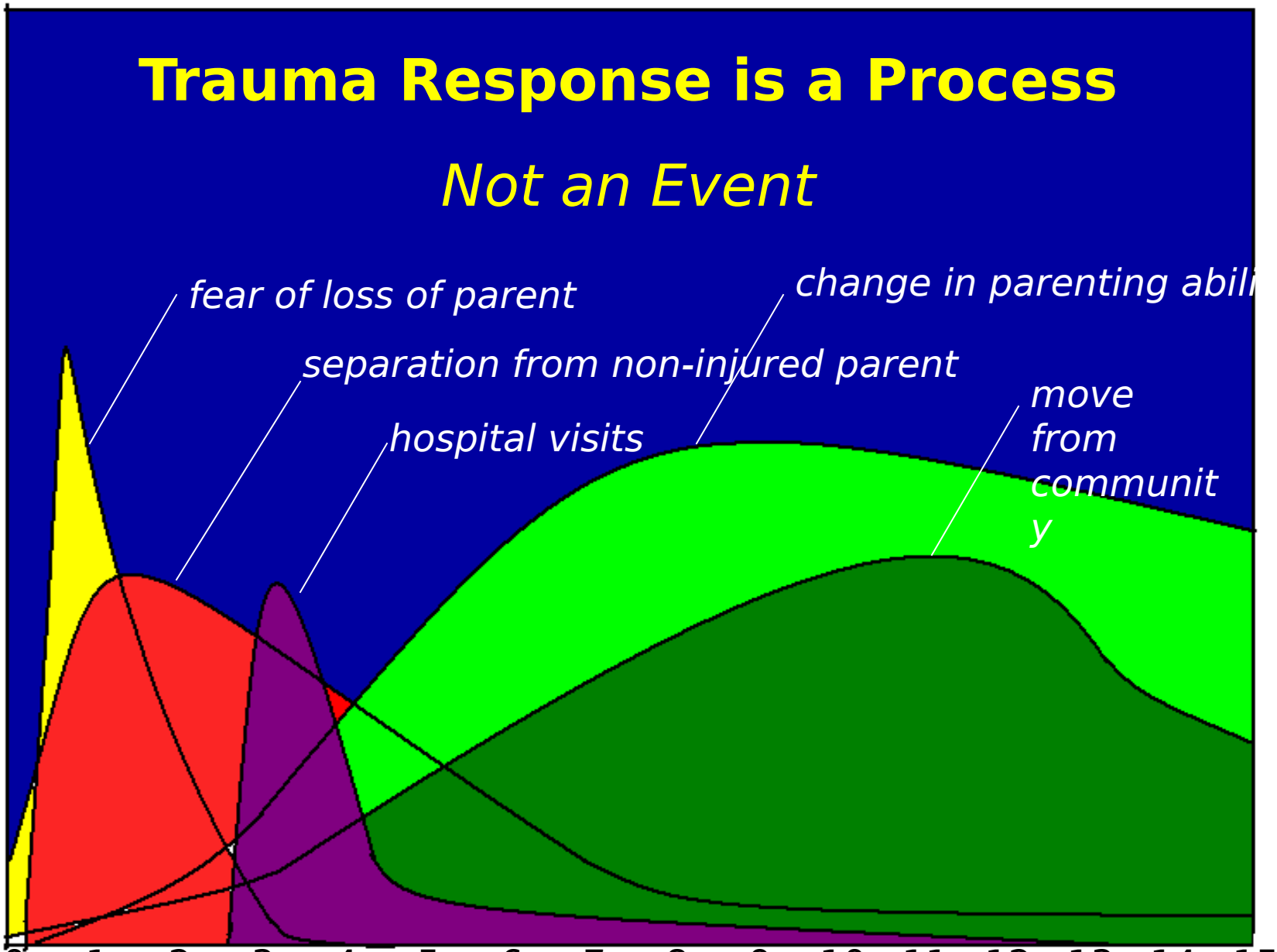
Impact of Parental Combat Injury on Families & Children

- Effects on children and families are complex
- Parental combat injury can disrupt a family's living arrangements, schedules, parenting practices, and time together
- Over time, the impact may include changes in residential communities, loss of military careers, and changes in parenting capacity

CHILD STRESS LEVEL

Trauma Response is a Process

Not an Event



Impact of Parental Combat Injury on Children & Families

- No identified literature examining the impact on children due to injury of parent during wartime
- Clinicians have observed that many children appear anxious, saddened, or troubled
- Research on civilian parental illness and disability suggests that children in these families are at risk for emotional and behavioral problems
- Compromised parenting, parental depression, poor family functioning, and preexisting mental health concerns increase risk

UNIFORMED SERVICES UNIVERSITY
of the Health Sciences

Combat Injured Service Members and their Families: Understanding Needs and Experiences and The Relationship of Child Distress and Spouse-Perceived Family Distress and Disruption

Stephen J. Cozza, MD, Principal Investigator

STUDY TEAM

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Center for the Study of Traumatic Stress

Method

- Chart review
- Cases: 41 families of combat injured soldiers seen at WRAMC (n = 29) or BAMC (n = 12)
- Measure: PGA–CI (Cozza, Chun, & Miller, in press)
  - semi-structured clinical interview conducted with spouses 1-12 weeks post-injury
- Analyses
  - chi-square,
  - exact logistic regression

Sample Description

- Demographics:
  - All service members were male
  - Service member age: M = 29.9, SD = 8.5
  - Spouse age: M = 29.6, SD = 7.7
  - Number of children M = 2.1, SD = 0.9
  - 75% of families had at least one child under the age of 3 years.
- Military Status:
  - 89% active duty
  - 92% injured in Iraq

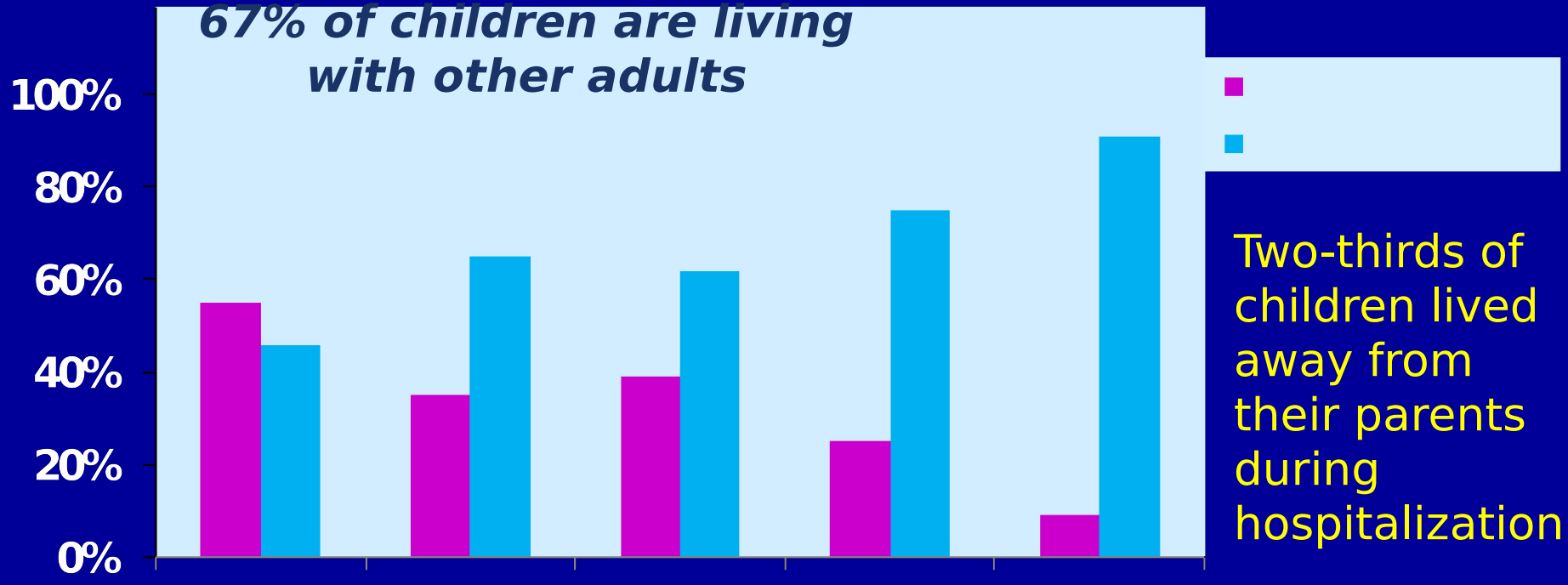
Injury Characteristics

Type of Injury	
Amputation	32%
Traumatic Brain Injury	24%
Burn	15%
Spinal Cord Injury	10%
Other	17%
Multitrauma	78%

Note: Most service members had multiple types of injuries

92% of injuries were described as moderate to severe

Children's Transitional Caretaker



Two-thirds of children lived away from their parents during hospitalization.

17% of spouses reported separations of 30 days or

Family Disruption

- 78% reported moderate to severe impact on child and family schedules
- 86% reported spending less time with children
- 48% reported moderate to severe impact on discipline
- 48% reported high disruption following the injury (moderate to severe disruption in 2 or more areas)

Family Distress

- 63% reported high deployment-related family distress prior to the injury
- 68% reported high child distress (either changes in child behavior or high levels of emotional difficulty)

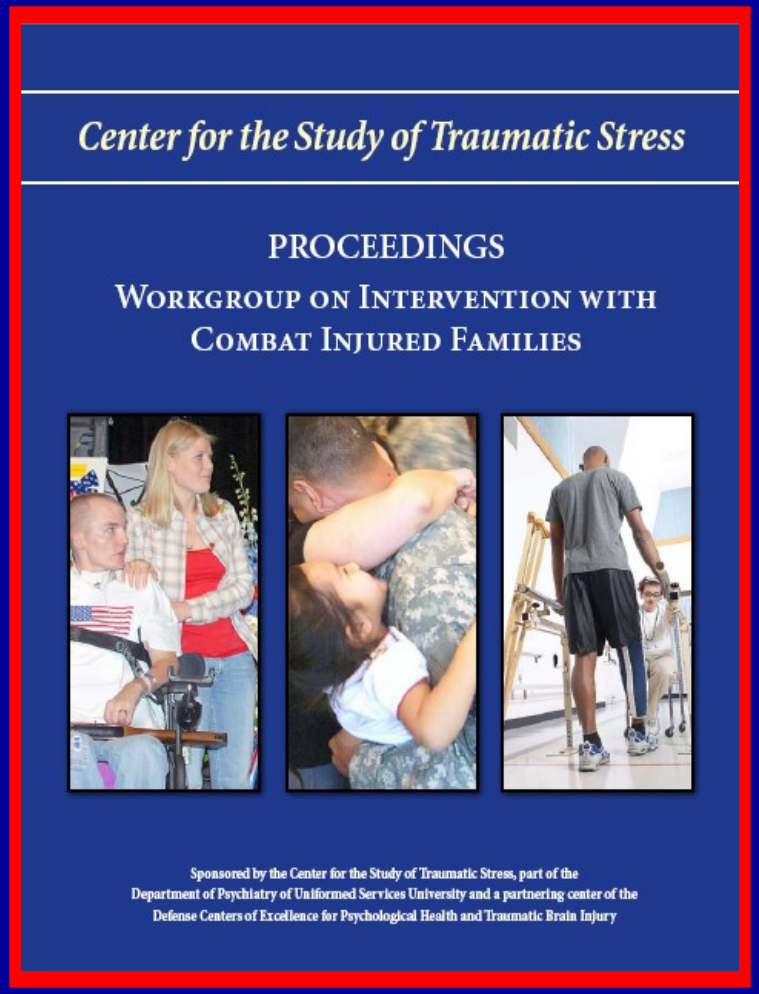
Results

- Families with high pre-injury deployment-related family distress were 8.11 times more likely to report high child distress post-injury.
- After controlling for pre-injury deployment-related family distress, families with high family disruption post-injury were 21.25 times more likely to report high child distress.
- Injury severity was not significantly related to child distress.

Conclusions

- Combat injury leads to family disruption and is associated with child distress
- Families with pre-existing distress and greater disruption following the injury are at greater risk and may benefit from early identification and support
- Injury severity was not related to child distress in this sample, possibly because most injuries were moderate to severe

Workgroup on Combat Injured Families


Center for the Study of Traumatic Stress
PROCEEDINGS
Workgroup on Intervention with
Combat Injured Families
Sponsored by the Center for the Study of Traumatic Stress, part of the
Department of Psychiatry of Uniformed Services University and a partnering center of the
Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury

"The injury inherently disrupts the constellation and function of the family and adds stress to the family unit. It tends to widen splits in families that are already present, and add conflict when the dust has settled. Suddenly you have this injury event that just complicates things. Even when families pull together closely, the impact of the combat injury on families is more likely to disorganize than to organize families."

Workgroup on Caring for Combat Injured Families

Principles of Caring for Combat Injured Families and their Children

Combat injury is a life-changing event that impacts a service member, his or her children, as well as other family members and loved ones. Military children are our nation's children, and represent a vulnerable population within the injured family unit. Injury to a parent is a major threat to children of all ages and a challenge for even the most resilient of military families.

Injury to a parent is a major threat to children of all ages and a challenge for even the most resilient of military families.

Parental injury disrupts the family system — its routines, cohesion and sense of safety. Importantly, parental injury can alter the child's view of the wounded parent, and undermine the child's view of his or her own physical integrity. Combat injury also affects existing patterns of parenting, as both injured and uninjured parents experience their own emotional responses and face the complicated reality of medical treatment and rehabilitation over time. Often, adults do not know how to speak to children about the injury, or how much and what kind of information to share.

As a result of parental combat injury, many family members may demonstrate initial distress that is likely to be temporary. Most children will remain healthy in the face of this stress, but some children may sustain life-changing trajectories in their emotional development and/or their interpersonal relationships. The simultaneous use and study of the following principles of care for our combat injured families will foster evidence based approaches that can support their healthy growth and recovery. These principles can be used by hospital and community based professionals in military or civilian settings.

Treatment Facility Actions

- *Recognize the contributions of families as part of treatment and establish appropriate boundaries for involvement*

- *Develop child and family friendly treatment environments*
  - Welcome children and families
  - Families don't **VISIT**, they **PARTICIPATE** in care
  - Develop appropriate areas for family visiting
    - in room, on ward, off ward, dining area, family lounge
  - Develop child appropriate environments within the hospital
  - Ensure adequate available family lodging
  - Consider Child Life Worker involvement within the hospital

- *Protect children from unnecessary exposures*
  - Educate health care providers about child developmental issues and exposure risks
  - Develop a systematic methodology to prepare children for hospital visits
  - Support parents in parenting role and encourage them to speak with their children about health status

Rehabilitation Opportunities

- Not JUST about physical rehabilitation
- Rehabilitate the injured within the context of roles as spouse and parent
- Incorporating children into therapy activities
- Develop a “transitional space” for parents and children to try on new interactions
- When appropriate, allow the child to play and become comfortable with prostheses or other equipment

Tasks for Military Children when Parents Return from War

- Develop an age-appropriate understanding of what the parent went through and the reasons why
- Accept that they did not create the problems they now see in their families
- Learn to deal with the sadness, grief and anxiety related to parental injury, illness or other changes
- Accept that the parent who went to war may be “different” than the person who returned – but is still their parent
- Adjust to the “new family” situation by:
  - *staying hopeful*
  - *having fun*
  - *being positive about life*
  - *maintaining goals for the future*

Injury Communication

Dialogue about the injury and its consequences within and outside of family.

Respecting the high emotional valence of injury-related topics (incorporating principles of risk communication)

Developmentally appropriate language when communicating to children of different ages.

Must meet the needs of a family as they evolve and change over the course of hospitalization, recovery and reintegration.

Questions and Discussion

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